## MISSOURI STATE BOARD OF HEALTH

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INFORMANT // GARACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL (Address)	·		TAL STATISTICS TE OF DEATH	623999	l
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(STATE OR COUNTRY)  10. NAME OF FATHER BELLY Walters  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER CLIVE FOYAR  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  (STATE OR C		'	18. WHERE WAS DELASE CONTRACTED	•	
10. NAME OF FATHER BENY Walters  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  12. MAIDEN NAME OF MOTHER CLIVE by de  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  14. INFORMANT M. E. STATE OR COUNTRY)  15. FILED 9/1 19 2 2 AND MAINTAIN  16. ADDRESS  17. DID AN PPERATION PRECEDE DEATHT. DATE OF WAS THERE AN AUTOPSYT.  WHAT TEST CONFIRMED DIAGNOSIST.  (Signed)  (Si			LIF HET AT PLACE OF DEATHS.		
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13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  (STATE OR COUNTRY)  (STATE OR COUNTRY)  (Address)  (Address)  (Address)  (Address)  (Birthplace of Mother (City or town)  (Address)  (Address)  (Birthplace of Burial, Or Industry, and (2) whether Accidental, or Homicidal, Or Homicidal, Or Burial, Or Buri	11. BIRTHPLACE OF FATHER (CITY OR JOWN)		WHAT TEST CONFURMED DIAGNOSIST.		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  (STATE OR COUNTRY)  (STATE OR COUNTRY)  (Address)  (Address)  (Address)  (Address)  (Birthplace of Mother (City or town)  (Address)  (Address)  (Birthplace of Burial, Or Industry, and (2) whether Accidental, or Homicidal, Or Homicidal, Or Burial, Or Buri	(STATE OR COUNTRY)		(Signed)	Myeu,	, M. D
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  (STATE OR COUNTRY)  (STATE OR COUNTRY)  (Address)	& 12 MAIDEN NAME OF MOTHER Cline Hoyde		, 19 (Address)	Vallugi Mis	
(STATE OR COUNTRY) () NIGHTHAL (1) MARINS AND NATURE OF INJURY, and (2) whether Accidental, or Homeidal. (See reverse side for additional space.)  14.  15.  16.  17.  18.  19.  19.  19.  19.  19.  19.  19					
14. INFORMANT ME JIMM 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL (Address)  15. FUED 9/1 19.2.2 ADDRESS  ADDRESS					OAL, OF
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## Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry. and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.) For persons who have no occupation whatever, write None,

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid feeer (never report

"Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of . . . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasma); Measles: Whooping cough: Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatio), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age,"
"Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis." etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify AS ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF ASprobably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of headhomicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Note.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phiebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

## MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

( )	District No. 3563 Registered No	Ward
2. FULL NAME Thomas Wath	St.	
(a) Residence. No	Ward (If nonresident give city or ds. How long in U.S., if of foreign birth?	•
Length of residence in city or town where death occurred yrs. mos.	MEDICAL CERTIFICATE OF DE	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (strite the word)	16. DATE OF DEATH (MONTH, DAY AND YEAR) Que	31 19 2
M WIDOWED, OR DIVORCED	17.  I HEREBY CERTLEY That I attended de-	
HUSBAND OF (OR) WIFE OF		, 19, and that
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2 / 18 / 2 7. AGE YEARS   MONTHS V DAY 1 ULESS then 1	THE CAUSE OF DEATH WAS AS FOLLOWS:	······································
day,hrs.	44 //	
8. OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work	(duration) yra	•
(b) General nature of industry, business, or establishment in which employed (or employer)	ONTRIBUTORY DECONDARY) (deration)	•
(c) Name of employer	18. Where was disease contracted	
9. BIRTHPLACE (CITY OR TOWN)	IF NOT AT PLACE OF DEATHI.	
10. NAME OF FATHER	DID AN OPERATION PRECEDE DEATH?	
11. BIRTHPLACE OF FATHER (CITY OR TOWN)	WHAT TEST CONFIRMED DIAGNOSIST	
(STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER	(Signed), 19 (Address)	, м. р
13. BIRTHPLACE OF MOTHER (CITY OR DWN)	*State the Direase Cauring Death, or in deaths from (1) Means and Nature of Injury, and (2) whether Ad HOMICIDAL (See reverse side for additional space.)	
14. !MFORMANT	19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
15. FILED 9/1 19.2.2 & B. Clinton REGISTRAR	20. UNDERTAKER	ADDRESS

## Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry. and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary)...may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.) For persons who have no occupation whatever, write None.

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report

"Typhoid pneumonia"): Lobar pneumonia: Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of .......... (name origin; "Cancer" is less definite; avoid use of "Tumor". for malignant neoplasma); Measles, Whooping cough: Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions. such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia." "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. VIOLENT DEATHS State MEANS OF INJURY and qualify &S ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF &S probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of headhomicide, Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Note.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificate, will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, crysipelas, meningitis, miscarriage, necrosis, peritonitis, phiebitis, pyemia, septicemia, tetantus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.